



Division of Public Health Services

Office for HIV, STD and Hepatitis Services

150 North 18th Avenue, Suite 110

Phoenix, Arizona 85007-3233

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JAN BREWER, GOVERNOR

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AIDS DRUG ASSISTANCE PROGRAM (ADAP)

APPLICANT INFORMATION SHEET

The Arizona Department of Health Services (ADHS) provides medications under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009) to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. To be eligible, you must meet all the conditions set forth below.

Residency

You must be a resident of Arizona. You must submit proof(s) of residency as specified in the "Approved Documentation of Arizona Residency" list.

Annual Income Limits

You must not have an annual income that exceeds the amounts shown below:

<u>Size of Family Unit</u>	<u>Income Limit (effective 1/23/09)</u>
1	\$32,490
2	\$43,710
3	\$54,930
4	\$66,150
5	\$77,370
6	\$88,590
7	\$99,810
8	\$111,030

Insurance

You must not have private health insurance, which could pay for the medication being provided by this program.

Medicare

If you are Medicare-eligible, you must provide a current calendar year copy of the determination letter from Social Security Administration (SSA) Medicare Prescription Drug Assistance that shows that you are not eligible or only partially eligible for assistance. You must also provide a copy of your current Medicare Rx (Part D) card.

Proofs of Income

You must provide current proof(s) of income with your application. Proof(s) of income may include one or more of the following items that apply to you and each member of your family (the definition of family is two or more persons living together who are related by birth, marriage or adoption):

Checks/check stubs/employer's statement listing gross wages, hours worked, etc.

Self-employment business records

Income award letters/grant or educational benefits letter

SSA award letters (not bank statement), food stamp GA, or AFDC award letters

Other documents showing income or source of assistance you may have received [this may include your latest W-2 form(s)]

If unemployed, the ADAP Proof of Support Other Than Income Or Savings form must be completed and witnessed by case manager or health care provider

AHCCCS

You must not be eligible for AHCCCS (Arizona Health Care Cost Containment System – Arizona's version of Medicaid). Show this by including an AHCCCS eligibility denial form/letter if available with your application. "Failure to participate in face-to-face interview, failure to provide verification, etc.," does not constitute AHCCCS denial. ADAP will provide up to 30 days of medication as long as you have an appointment scheduled with AHCCCS eligibility. ADAP will not provide further medication beyond 30 days without your AHCCCS denial form/letter. Please contact the Department of Economic Security (DES) at (800) 352-8401 (statewide) to locate the DES office that serves your zip code area. Include the date and time of your AHCCCS appointment on your application. Send ADAP your AHCCCS eligibility form/letter as soon as you receive it.

Application

You must complete and sign page one of the application. Make sure you answer all questions on the application in order to avoid processing delays.

Your health care provider must complete and sign page two of the application. Have your health care provider certify that you are HIV infected. Your health care provider should record your test results on the application in the spaces provided.

In order to avoid processing delays, your health care provider should include a prescription for each of the medications being prescribed with your application. A prescription may have up to six refills requested. Once you are approved for ADAP, either you or your health care provider will have to call each time you need a refill, if refills are authorized by your health care provider. You should call The Apothecary Shops of Tucson at (866) 881-4902 for a refill when you are down to about a five-day supply of medication.

Return your application, proof(s) of income and residency, prescriptions and AHCCCS denial form/letter (if available) to:

Confidential
AIDS Drug Assistance Program
Office of HIV, STD, and Hepatitis Services
150 North 18th Avenue, Suite 110
Phoenix, AZ 85007-3233

For additional information about the program or the application process, call (800) 334-1540 (in-state only).

Please see the ADAP formulary for a listing of the medications provided by this program.